

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 91980419 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2		1					52		
3	2		1				53		
4	8		8				54		
5	8		8				55		
6	8		8				56		
7	8		8				57		
8	1		1				58		
9	1	8	8				59		
10	8	8	8				60		
11	1		1				61		
12	0						62		
13	0						63		
14	0						64		
15	0						65		
16	0						66		
17	0		0				67		
18	0		0				68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
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37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			3				TOTAL IND.		
TOTAL DEP.			15				TOTAL DEP.		
TOTAL CLAIMS			18				TOTAL CLAIMS		